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fax transmittal**FROM:**

Name Peter F. Snell
Date August 27, 2008
of Pages 3

Client Name**Client No.****Matter No.****Atty No.**

Arkados, Inc.	34585	515 NATL	3242
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To:

Name	Company	Business#	Fax #
Brian A. Zimmerman/ Examiner	U.S.P.T.O.	571-272-1000	571-273-8300

Comments:

We respectfully submit Form PTO/SB/83 for the following:

APPLICANT(S) : Oleg Logvinov, et al. CONFIRMATION No.: 6308
 SERIAL NUMBER : 10/583,830 EXAMINER : Brian A. Zimmerman
 FILING DATE : June 27, 2007 ART UNIT : 2612

**FOR : POWER LINE COMMUNICATIONS DEVICE IN WHICH
 PHYSICAL COMMUNICATIONS PROTOCOL LAYER
 OPERATION IS DYNAMICALLY SELECTABLE**

Please call us at 212-935-3000 if you experience any problems.

STATEMENT OF CONFIDENTIALITY

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Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

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Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (04-08)

Approved for use through 12/31/2008, OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/583,830
Filing Date	June 27, 2007
First Named Inventor	Oleg Logvinov
An Unit	2612
Examiner Name	Brian A. Zimmerman
Attorney Docket Number	34585-515 NATL

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 35437

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input checked="" type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: | |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

The client has instructed Mintz Levin to retain the file until after the Patent Office approves this Request for Withdrawal.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

B. ☒ Inventor or Assignee name Arkados, Inc. (assignee) c/o Oleg Logvinov (inventor)

Address 220 Old New Brunswick Road, Suite 202

City Piscataway State NJ Zip 08854 Country USA

Telephone (732) 465-9300 Email jallen@arkados.com

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature

Name

Peter F. Snell

Registration No. 52,235

Address 666 Third Avenue c/o Mintz Levin, et al., 24th Floor

City New York State NY Zip 10037 Country USA

Date 8/27/08 Telephone No. 212-935-3000

NOTE: Withdrawal is effective when approved rather than when received.

[Page 2 of 2]

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